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PTO/SB/21 (08-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/549,606	
	Filing Date	September 20, 2005	
	First Named Inventor	Ralf Hilfrich	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	03/026 Virofem

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks:	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for withdrawal as attorney or agent and change of correspondence address

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	ProPat, L.L.C. 425-C South Sharon Amity Road Charlotte, NC 28211-2841		
Signature	<i>Cathy Moore</i>		
Date	August 24, 2006		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Claire Wygand		
Signature	<i>Claire Wygand</i>	Date	8/24/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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P.1

Aug 24 2006

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/549,806	
	Filing Date	September 20, 2005	
	First Named Inventor	Ralf Hilfrich	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	03/026 Viroform

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks:	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for withdrawal as attorney or agent and change of correspondence address

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	ProPat, L.L.C. 426-C South Sharon Amity Road Charlotte, NC 28211-2841
Signature	<i>Cathy Moore</i>
Date	August 24, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
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425-C South Sharon Amlty Road
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Phone: (704) 365-4881
Fax: (704) 365-4851

ProPat, L.L.C.

Fax

To:	USPTO Attention: Mamie P. Person	From:	Claire Wygand for Cathy Moore Phone: (704) 365-4881 Fax: (704) 365-4851
Fax:	(571) 270-9985	Pages:	5 pages total Facsimile cover sheet (1 pg) Transmittal form sent 8/24/06 (1 pg) Request for Withdrawal sent 8/24/06 (1 pg) Auto-Reply Facsimile Transmission (1 pg) Transmittal Confirmation Report (1 pg)
Phone:		Date:	October 20, 2006
Re:	Application No. 10/549,606 Filed September 20, 2005 Our Ref.: 03/026 Virofem	CC:	

Dear Ms. Person,

Per our telephone conversation this morning, attached are the documents as indicated above. As we discussed, the submission of documents sent August 24, 2006 have not been entered on the PAIR System as of yet. Please process the documents so that the submission appears on the PAIR System. Thank you you're your assistance with this matter.

Respectfully submitted,

Claire Wygand

Claire Wygand

PTO/SB/83 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/549,606
Filing Date	09/20/2005
First Named Inventor	Ralf Hilfrich
Art Unit	
Examiner Name	
Attorney Docket Number	03/026 Virofem

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **38263**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

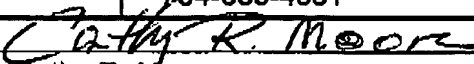
Client has not paid invoice (for filing patent application) after repeated requests.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

- ☒ The address associated with Customer Number: **38263**

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ProPat, LLC		
Address	425-C South Sharon Amity Road		
City	Charlotte	State	North Carolina
		Zip	28211-2841
Country	USA		
Telephone	704-365-4881	Email	moore@propatllc.com
Signature			
Name	Cathy R. Moore	Registration No.	45,764
Date	08/24/2006	Telephone No.	704-365-4881

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.